

## Zoning Verification/Compliance Certification Application

Date of Application:		
Name if Applicant:		
Applicant's Mailing Address:		
City/State/Zip:	Telephone:	Fax:
Interest in property:	(Owner, Financial Institution, Citizen, Planning	A
	(Owner, Financial Institution, Citizen, Flanning	Agency, etc.)
Name of Property Owner:		
Owner's Mailing Address:		
City/State/Zip:	Telephone:	Fax:
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☐ Construction or Placement of a	Description of Request: Building*	
☐ Addition or Alteration to an Exis		
☐ Install a Manufactured Home*		
☐ Change of Occupancy of an Exi	sting Building	
☐ Installation of a Fence* (survey ma	ay be required)	
*A proposed	plat map or other suitable diagram is required at time	e of application.
DESCRIPTION OF PROPERTY	***************************************	~~~~~~~
Location of Property:		
Current use of Property:		
Within: □ Wallace City Limits □	☐ ETJ Duplin Co. PIN:	
Dimension of Lot: Width:	feet Length:	_ feet
Occupancy Type:   Single-Family I	Residential	1 □ Manufactured Home
☐ Business ☐	] Other:	
a building within the zoning jurisdiction submittal of this application. I unders	am making an application for zoning approon of the Town of Wallace and that I am restand that no review will take place until a ired information. I agree that all information	esponsible for all applicable fees due upon Il fees have been paid and the application
Signature	Printed Name	 Date